Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name FISTFUL OF TACOS/ALE						Telephone Number Est 812-557-0226 Own (812) 207-3474		Date of Inspection	ID#	
Address 2708 PAOLI PIKE (SUITE H), NEW ALBANY IN 47150								07/30/2021		
Owner DERECK WASHBURN							Purpose X Routine	Follow Up	Released 07/30/2021	
Owner's Address 205 CHERRY STREET NEW ALBANY, IN 47150-							Follow-up Complaint			
Person in Charge DERECK WASHBURN							Pre-Operational			
Responsible Person's Email DERECK@FISTFULOFTACOS.COM							TemporaryHACCP	Menu Type 1 2 3	Menu Type 1 2 3 4 _X 5	
Certified Food Handler HAYDEN SIMON DERECK WASHBURN							Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	n# C NC R Narrative							To Be Corrected		
297 218 256 433 192	X Observed moldy water in drip pan on floor under the milk cooler. Notation Served Moldy Water in drip pan on floor under the milk cooler. Notation Served Moldy Water in drip pan on floor under the milk cooler. Notation Served Moldy Water in drip pan on floor under the milk cooler. Notation Served Moldy Water in drip pan on floor under the milk cooler. Notation Served Moldy Water in drip pan on floor under the milk cooler. Notation Served Moldy Water in drip pan on floor under the milk cooler. Notation Served Moldy Water in drip pan on floor under the milk cooler. Notation Served Moldy Water in drip pan on floor under the milk cooler. Notation Served Moldy Water in drip pan on floor under the milk cooler. Notation Served Moldy Moldy Research Served Moldy Moldy Research Served Moldy Research Se								d	
Summary of Vi			С_		<u>5</u> R <u>1</u>					
Received by (name and title printed):							Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):						Inspected by (signature):				
cc:					cc:			ce:		